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Bib Data Sheet

CONFIRMATION NO. 4076

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/679,667 | FILING DATE<br>10/06/2003<br><br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3732 | ATTORNEY<br>DOCKET NO.<br>BAF-15102/29 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

APPLICANTS

12/7/04  
AR

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/416,181 10/04/2002 OK AR

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE AR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/30/2003

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>OH | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>15 | INDEPENDENT<br>CLAIMS<br>1 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged  
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TITLE  
 Multiaxial artificial disc replacements

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>450 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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|  | <input type="checkbox"/> Other  |
|  | <input type="checkbox"/> Credit |